

ACORD - CERTIFICATE OF LIABILITY INSURANCE

06/14/2002

PRODUCER

Serial # B5207

VANGUARD INSURANCE AGENCY, INC.
215 WEST DIEHL ROAD
NAPERVILLE, IL 60563

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**INSURED**

ALLIED VAN LINES, INC.
215 WEST DIEHL ROAD
NAPERVILLE, IL 60563

INSURER A: TRANSGUARD INSURANCE CO. OF AMERICA, INC.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|-------------|---|---------------|-------------------------------------|--------------------------------------|--|---------------|
| A | GENERAL LIABILITY | TCP400001-02 | 02/01/02 | 02/01/03 | EACH OCCURRENCE | \$ 1,000,000* |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ 50,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | GENERAL AGGREGATE | \$ |
| | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER | | | | | |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- ECT <input type="checkbox"/> LOC | | | | | |
| A | AUTOMOBILE LIABILITY | TCP400001-02 | 02/01/02 | 02/01/03 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000* |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | |

| | | | | | | |
|--|---|--|--|--|-----------------------------------|------------|
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | <input type="checkbox"/> DEDUCTIBLE | | | | | \$ |
| | <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU- TORY LIMITS | OTH- ER |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

* \$1,000,000 combined single limit any one occurrence. **DISCLAIMER:** This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative, producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Coverage applies only for work performed under the authority of North American Van Lines, Inc.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

US DEPARTMENT OF ENERGY
C/O OAK RIDGE NATIONAL LABORATORY
2360 CHERAHALA BLVD.
KNOXVILLE, TN 37931

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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INSURERS AFFORDING COVERAGE

INSURED

ALLIED VAN LINES, INC.
215 WEST DIEHL ROAD
NAPERVILLE, IL 60563

INSURER A: LIBERTY MUTUAL INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | | | | | | | | | | | | | | | | |
|-----------------------------|--|--|-------------------------------------|--------------------------------------|--|--------------------------|---|------------|--|--------------------|--|--|--------------|----------------------------|--|--|--------------|-----------------------------|--|--|--------------|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | | | | | | | | | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | | | | | | | | | | | | | | | | |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ | | | | | | | | | | | | | | | | |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ | | | | | | | | | | | | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | WC2-141-432958-012 WC2-141-432958-022 | 03/01/02 | 03/01/03 | <table border="1"><tr><td>WC STATU- TORY LIMITS</td><td>X</td><td>OTH- ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td>\$ 1,000,000</td></tr></table> | WC STATU- TORY LIMITS | X | OTH- ER | | E.L. EACH ACCIDENT | | | \$ 1,000,000 | E.L. DISEASE - EA EMPLOYEE | | | \$ 1,000,000 | E.L. DISEASE - POLICY LIMIT | | | \$ 1,000,000 |
| WC STATU- TORY LIMITS | X | OTH- ER | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | |
| | OTHER | | | | | | | | | | | | | | | | | | | | |

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